CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Jeff Cynamon for Miami Beach Commis	SION ROFFICE USE ONLY							
Name	2015 NOV -3 AM 9: 49							
(2) 300 Seventy-First Street, Suite 300								
Address (number and street) Miami Beach, Florida 33141	CITY CLERK'S OFFICE							
City, State, Zip Code								
☐ Check here if address has changed	(3) ID Number:							
(4) Check appropriate box(es):								
Candidate Office Sought:								
☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)	-							
(5) Report Identifiers								
Cover Period: From 10 / 01 / 2015 To	10 /31 / 2015 Report Type: TR							
☐ Original ☑ Amendment ☐ Spe	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , _0 . 00	Monetary Expenditures \$, , 395 . 19							
Loans \$, , 0 . 00	Transfers to Office Account \$, , 0 . 00							
Total Monetary \$, , ,0 . 00	Total Monetary \$, , 395 . 19							
In-Kind \$, , _0 _00								
	(8) Other Distributions							
	\$, , <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date \$,6 , 300 . 00	(10) TOTAL Monetary Expenditures To Date \$, 6 , 300 00							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
I certify that I have examined this report and it is true, correct, and complete:								
(Type name) Jeff Cynamon	(Type name) Jeff Cynamon							
☐ Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)							
x MAZ	x M							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeff Cynamo	n for M	iami Beach	Commission			(2) I.D. Number		
(3) Cover Period ¹⁰	/ ⁰¹	/ ²⁰¹⁵ t	hrough ¹⁰	/ 31	/ ²⁰¹⁵	(4) Page ¹	of ¹	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10 /30 / 2015	Jeff Cynamon City National Bank Building Suite 300 300 Seventy-First Street Miami Beach, Florida 33141	Close Account	RMB	Del.	799.82
10 30 2015	Jeff Cynamon City National Bank Building Suite 300 300 Seventy-First Street Miami Beach, Florida 33141	Close Account. Partial reimbursement of loan.	RMB	Add.	385.19
10 14 2015	City National Bank 300 Seventy-First Street Miami Beach, Florida 33141	Service Fee	Mon	Add.	10.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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